

Dual Eligible Stakeholder Meeting
Monday March 5, 2012
1:00 pm – 4:00 pm
Large Conference Room
208 Hurricane Lane, Williston

Present: Present: Ron Cioffi, RAVNA; Marlys Waller, VT Council of DMHS; Brendan Hogan, Bailit Health; Devon Green, VT Legal Aid; Peter Cobb, VAHHA; John Pierce; Dennis Houle, Lamoille; Laura Driscoll, Rutland VNA; Carrie Hathaway, DVHA; Jeanne Hutchins, UVM-PACE; Kevin Loso, Rutland Housing; Sara King, Rutland VNA; Scott Wittman, PHPG; Nancy Eldridge, Cathedral Square; Al Frugoli, CCS; Trinka Kerr, VT Legal Aid, Julie Trottier, Cathedral Square; Julie Tessler, VT Council; Amy Caffry, Parent; Sarah Russell, Burlington Housing Authority; John Barbour, CVAA; John Pierce; Nancy Warner, Orleans-Essex VNA; Rita Laferriere, VNA; Debbie Austin, DVHA; Susan Wehry, DAIL; Beverly Boget, Devon Green, VT Legal Aide; VNA; Larry Goetschius, Addison Home Health; Laura Pelosi, VHCA; Jackie Majoris, VT Legal Aid; Janet Dermody, VCIL; Dion LaShay, Consumer; Deborah Lisi-Baker, Consultant; Susan Besio; PHPG, Bard Hill and Julie Wasserman, Duals Project

Duals Demonstration Refined Model for Integrated Care, February 24, 2012 version

There was a detailed discussion of the new Core Care Model for service provision. Participants discussed the distinction between case management and service coordination as well as care management, care coordination, and self management. A common definition did not surface. The general discussion focused on how this new Core Care Model would affect service delivery for the different provider groups. Issues such as single point of contact, integration of services, medical homes and collaboration with Blueprint Community Health Teams, and coordination with other providers were highlighted. SASH voiced the need to be included in the service provision model along with the DAs, AAAs, Home Health Agencies, DS providers, TBI providers, PACE, and VCCI. Of critical importance is the coordination between the medical care system and the long term care system. This is the missing link that CMS hopes will be addressed in Dual Demonstration projects.

Children's Integrated Services was offered as a successful model for integration of services. Children's Integrated Services capitalizes on the existing providers using an interdisciplinary approach; all players are at the table. In the Children's Integrated Services model, an identified provider (chosen by the family) is responsible for all of the individual's needs.

Concern was voiced about housing providers in the combined role of landlord and care manager.

Stakeholders were assured that regions can still choose to become risk-bearing Integrated Service Providers with a capitated payment for home and community based services.

Regarding the use of case management, there needs to be a sanctioning of case management for each Dual who isn't already associated with a Specialized program.

The Duals Demonstration will analyze the iMMERS data to focus on high utilization patterns of participants not served by our Specialized programs. These data will help to target interventions, determine desired outcomes, improve care, and save money. The biggest areas for savings appear to be hospitalizations, nursing home placements, and pharmacy.